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FM AMEMBASSY HARARE
TO RUEHC/SECSTATE WASHDC IMMEDIATE 3844
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INFO RUCNSAD/SOUTHERN AF DEVELOPMENT COMMUNITY COLLECTIVE
RUEHGV/USMISSION GENEVA 1778
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RUEHRN/USMISSION UN ROME
RUEHBS/USEU BRUSSELS
RHEHAAA/NSC WASHDC
RUEKJCS/SECDEF WASHINGTON DC
RHMFISS/JOINT STAFF WASHINGTON DC
RUEHPH/CDC ATLANTA GA

UNCLAS SECTION 01 OF 03 HARARE 001134

SIPDIS
AIDAC

AFR/SA FOR ELOKEN, LDOBBINS, BHIRSCH, JHARMON
OFDA/W FOR KLUU, ACONVERY, LPOWERS, TDENYSENKO
FFP/W FOR JBORNS, ASINK, LPETERSEN
PRETORIA FOR HHALE, PDISKIN, SMCNIVEN
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ATLANTA FOR THANDZEL

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TAGS: EAID EAGR PREL PHUM ZI
SUBJECT: ZIMBABWE CHOLERA USAID DART SITUATION REPORT #2

HARARE 00001134 001.2 OF 003

SUMMARY

¶1. As of December 18, the U.N. Office for the Coordination of Humanitarian Affairs (OCHA) reported a total of 20,896 cholera cases in Zimbabwe since the outbreak began in August, with 1,123 deaths and a case fatality rate (CFR) of 5.4 percent. According to the U.N. World Health Organization (WHO) the major causes for the current outbreak continue to be a lack of clean drinking water and sanitation facilities, weak health services, and an ongoing strike by health staff, particularly nurses. WHO indicated that the current outbreak began on August 20 in the suburb of Chitungwiza, south of Harare. Following a late October outbreak in the Harare suburb of Budiriro, cholera quickly expanded to an additional 46 districts from November 1 to 15.

¶2. The USAID Disaster Assistance Response Team (USAID/DART) continues to conduct field visits, participate in U.N. health, logistics, and water, sanitation, and hygiene (WASH) cluster meetings, and review proposals from humanitarian partners to program the USD 6.2 million pledged by the USAID Administrator in response to the cholera outbreak. WHO reported that 22 metric tons (MT) of medical supplies arrived in Harare during the first week of December. The U.N. logistics cluster is currently planning to use the U.N. World Food Program (WFP) logistics systems to move items to the provincial level, and is still determining how to deliver supplies to the sub-provincial level. Humanitarian organizations are focusing on addressing prevention needs within the response, and will develop a checklist to provide guidance on how to mainstream protection within the ongoing cholera response. END SUMMARY.

HUMANITARIAN SITUATION

¶3. As of December 18, OCHA reported a total of 20,896 cholera cases

in Zimbabwe since the outbreak began in August, with 1,123 deaths and a CFR of 5.4 percent. Humanitarian organizations consider a CFR over 1 percent as the emergency threshold for cholera. The figures represent an increase of more than 2,000 cases and 100 deaths since the OCHA update issued on December 15, with virtually all of the new cases reported in Harare, Masvingo, and the Mashonaland provinces, and some new cases reported in Midlands Province.

¶4. According to WHO the major causes for the current outbreak continue to be a lack of clean drinking water and sanitation facilities, weak health services, and an ongoing strike by health staff, particularly nurses. WHO noted that health staff are unable to obtain salaries due to a shortage of banknotes and GOZ cash withdrawal limits, and cannot afford to travel to work.

¶5. On December 16, WHO published the first epidemiologic report of the cholera situation in Zimbabwe, analyzing trends since the beginning of the outbreak in August 2008. WHO indicated that the current outbreak began on August 20 in the Harare suburb of Chitungwiza, though the organization did not rule out the possibility of undetected low-level transmission from the earlier January to April 2008 outbreak. Following a late October outbreak in the suburb of Budiriro, cholera quickly expanded to an additional 46 districts from November 1 to 15.

¶6. As of December 17, local media sources in Malawi reported that Lukini hospital in Lilongwe, designated by the Government of Malawi Ministry of Health as the quarantine center for cholera cases, has recorded 88 cases with five deaths. Local media sources cited a strike by city water treatment workers as a contributing factor in the outbreak.

USG RESPONSE

¶7. The USAID/DART continues to conduct field visits, participate in U.N. health, logistics, and WASH cluster meetings, and review proposals from humanitarian partners to program the USD 6.2 million pledged by the USAID Administrator in response to the cholera outbreak.

¶8. Beginning December 5, the USAID/DART health advisor and U.S. Centers for Disease Control and Prevention (CDC) WASH advisor have conducted meetings with Government of Zimbabwe (GOZ) Ministry of Health and Child Welfare (MOHCW) officials, USAID/Zimbabwe and CDC staff, U.N. agencies, and non-governmental organizations. The health and WASH advisors have participated in field assessments in the Harare suburbs of Budiriro and Chitungwiza, as well as Chegutu and Mudzi districts.

¶9. The USAID/DART advisors examined the effectiveness of the response to date in reducing spread of the outbreak, including disease surveillance and early warning, social mobilization for hygiene promotion, and limiting mortality through early detection, treatment, and referral. The advisors also examined overall coordination efforts to date. The advisors encouraged approaches including the prioritization of an early warning system to alert humanitarian organizations to new outbreaks, increased hygiene promotion in areas with increasing cholera caseloads, and increased monitoring in areas at potential risk for outbreaks, including high-density urban areas lacking WASH infrastructure.

HUMANITARIAN COORDINATION

¶10. At the December 16 U.N. health cluster meeting, the GOZ MOHCW representative promised to assist in expediting the importation of urgent medical supplies and the issuing of temporary work permits for humanitarian staff. The GOZ office that issues the work permits is scheduled to meet next on February 19, making it difficult for humanitarian organizations to continue work as staff temporary permits expire or remain pending.

¶11. On December 17, USAID/Zimbabwe Mission Director, the USAID/DART team leader, and other major donors attended a meeting with WHO Regional and Zimbabwe representatives. The WHO regional representative stated that the purpose of his visit was to help WHO/Zimbabwe strengthen the health cluster to ensure better coordination of cholera response efforts. WHO's contribution would entail setting up provincial offices and warehouses, and most importantly getting GOZ MOHCW staff back to work to staff the offices. The GOZ Minister of Health and Child Welfare told the WHO Regional Representative that the MOHCW needed USD 1.5 million a month for health workers' salaries. The WHO Regional Representative added that the issue of the sustainability of paying MOHCW salaries could be dealt with later. Donors explained that strong coordination was urgently needed and asked about the status of the proposed cholera command and control center. The WHO Regional Representative will review the proposed control center.

HEALTH

¶12. WHO reported that 22 MT of medical supplies arrived in Harare during the first week of December. The organization noted that an additional 7 MT of supplies, including five interagency health kits and five trauma kits, are in the logistics pipeline.

¶13. At the December 16 U.N. health cluster meeting, participants noted that the GOZ MOHCW had approved the use of oral rehydration salts (ORS) at the community level after an appeal from WHO.

WATER, SANITATION, AND HYGIENE

¶14. The International Federation of Red Cross and Red Crescent Societies will mobilize Zimbabwe Red Cross volunteers with hygiene and health education messages as well as relief supplies, including ORS, water purification tablets, water containers, and soap for community-level interventions. USAID's Office of U.S. Foreign Disaster Assistance is supporting Oxfam to co-coordinate the WASH cluster's social mobilization efforts, in conjunction with the U.N. Children's Fund.

¶15. The U.N. logistics cluster is currently planning to use the WFP logistics systems to move items to the provincial level, and is still determining how to deliver supplies to the sub-provincial level. The cluster has submitted a U.N. Emergency Response Fund proposal for human resources, fuel, storage, and transport. The cluster is not differentiating between WASH and health supplies, but coordinating based on a general cholera response. The cluster lead indicated that there is a sufficient supply of lactated ringer's solution and ORS at the provincial level for January, but supplies are needed for February.

PROTECTION

¶16. Humanitarian organizations noted the specific protection risks related to cholera outbreak, particularly for at-risk groups such as children, women, mobile and vulnerable populations in high-density urban areas, and individuals in orphanages and prisons. Humanitarian staff noted the need for age and sex disaggregated data to inform the response.

¶17. Humanitarian organizations are focusing on addressing prevention needs within the response, and will develop a checklist to provide guidance on how to mainstream protection within the ongoing cholera response. Humanitarian staff plans to disseminate the list in coordination with the health and WASH clusters.

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